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ABSTRACT

The final report documents activities of a 3-year child abuse and neglect program on the Makah Indian Reservation in Washington. In addition to a review of project administrative organization, the report summarizes project components (coordination of case identification and service delivery, legislation and jurisdiction, case management, community education, professional education, youth and family activities, and staff training). Problems and future goals are cited, and progress in nine project goals is examined. The project's impact on the community is evaluated. (CL)

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THE CHILD DEVELOPMENT CENTER: NEAH BAY, WASHINGTON

FINAL REPORT

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

I. COMMUNITY SETTING

The Makah Indian Reservation occupies 28,000 acres on Cape Flattery at the mouth of the Straits of Juan de Fuca. It is 75 miles to the west of Port Angeles, a city of 16,000 inhabitants. Of the approximately 1,400 people living on the Cape in 1970, 300 resided on the Air Force Base or at the Coast Guard Station and 900 lived in the only town, Neah Bay. There are about 700 Makahs living in Neah Bay or elsewhere on the reservation. A tribal survey of households in 1974 revealed that 44% of the families earned less than \$4,000 per year and almost 60% of the Makahs were under 20 years of age.

Unlike other tribes on the Olympic peninsula, the Makah tribe has retained ownership over almost all of its resources, and derives revenues from salmon fishing, the sale of timber rights, several motels and restaurants, and for businesses on the reservation. Major sources of personal income are fishing, lumbering or hauling timber, tourism, and small businesses. Even though it is only within the past decade that the Makahs have enjoyed any material prosperity and even though incomes are still low by urban standards, the quality of life apparently has been high.

From an outside observer's perspective, Makah society has, until recently, been dominated by men; the women have been responsible for child rearing. Although both parents openly give affection and material comfort to their children, discipline and daily care generally fall to the mother. In some cases, neither parent may discipline the children. This lack of control

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may explain some of the teenage delinquency, the inability of some adults to cope with the demands of the work-a-day world, and the high potential for alcoholism that many Makahs have.

To some extent, the white culture's attitudes toward child-rearing have influenced and are influencing Makah values. This is particularly true of young parents leaving their children with relatives when the responsibilities of parenting becomes burdensome. Although this has been a pattern common to the Makahs for many generations (and traditionally accepted), today the grandparents and community professionals consider this an irresponsible act. Parents, particularly mothers and grandmothers, assimilating the values of white culture, have developed stricter ideas than their ancestors had about how children should look and how they should behave. Another source of behavioral change seems to be the white culture's transition in attitudes about women's roles in society. Makah women are slowly taking on more responsibilities outside the home and expecting more from men at home. One area that has not received much of the community's attention until recently, probably because it was not of interest to men, is social services. It is precisely in this area where women have taken a leadership role.

Although its importance has diminished in recent years, "familism" is one of the strongest influences on local politics and on what (and how) community services are provided. Even though there are marriages among members of different family clans, each Makah identifies with one of a dozen or so major family groupings. Families tend to dominate in particular sectors of the community's life, like fishing or education. Charges of nepotism and favoritism are exchanged frequently where staff are hired to fill new positions or tribal funds are apportioned to various projects. The fact that

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social services have not come under the influence of one particular family is both a blessing and a bane. Although there may be an occasional problem surrounding hiring, social services have not been restricted as they might have been through association with a family. On the other hand, they have not had the advantage of the advocacy of a particular family.

II. HISTORY

In the fall of 1973, at a meeting of Head Start directors, the head of the Makah Reservation Head Start program heard about the proposed demonstration effort in child abuse and neglect. She saw this program as a means of working more closely with parents, educating them on their children's needs, and training a few to become professional community workers able to reach parents having difficulties raising their children.

Having received the proposal packet (days before the deadline), the Director of Head Start called together a number of people she thought might be interested in such a project. The Head Start Director, several of the reservation's Community Health representatives, the school principal's wife, the day care nurse, the reservation's planner and the reservation's federal grants writer held a meeting to brainstorm on ideas for the proposal. These professionals had talked about child neglect issues in the past and felt that there was no system for handling neglect cases on the reservation. Much of the mild to moderate neglect occurring on the reservation was attributed to ignorance of child needs, poor parenting skills, and such underlying social and economic problems as unemployment and alcoholism.

Previously, the community lacked a way of organizing itself for effective planning and program development that responded to social needs in Neah

Bay. The collected professionals hoped that through the award of the federal grant such a system for child welfare needs could be developed. The grants writer took the ideas generated at the brainstorming sessions and produced a proposal. Notice of award of the contract was received at the beginning of May 1974, and the Project Director for the Child Development Center (CDC) was selected by the reservation Head Start Committee in early July.

III. SUMMARY OF ACTIVITIES

Summary of First Year

- The Child Development Council provided, for the first time, a place where social service professionals at Neah Bay can (and do) regularly meet to discuss mutual problems, identify community needs, and develop programs and services to meet those needs. In addition, the project
 - Expanded two-member CDC staff to include two CETA social worker trainees.
 - Assisted in location of a satellite DSHS office (Department of Social and Health Services) at Neah Bay which reduced travel time and inconvenience and increased the level of homemaking services available at Neah Bay.
 - Established coordinative agreements with other agencies to refer child welfare cases to the CDC.
 - Coordinated the operation of a food and clothing bank.
 - Developed and distributed pamphlet on the activities of Head Start, Day Care and the Child Development Center.
 - Supervised movies and dances for the community's teenagers.

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Summary of Second Year

- Presented two seminars on child development, effective parenting and an overview of legislation pertaining to child welfare.
- Started the first parent education classes ever to be held at Neah Bay.
- Underwent major staff changes, including resignation of original director, promotion of community worker to acting and ultimately permanent director, promotion of CETA trainee to permanent community worker position.
- Contracted with consulting psychiatrist to train staff, review cases, provide therapy to parents and children, and lead the parent education group.
- Involved parent volunteers in education and outreach efforts.
- Assumed primary case management responsibility for abuse and neglect cases.
- Published monthly newsletter on social services programs and recent plans and developments.
- Initiated multidisciplinary clinic meetings to confer on case management and treatment planning.
- Recognized by all community professionals as the principal agency to report or discuss a case of child abuse or neglect.
- Gained significant learning experience for the staff in their effort to fill the current gap for fully-trained Makah social workers.
- Promoted the development of legislation at the state level that would increase the self-determination of Native Americans in dependency matters.

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Summary of Third Year

- Expanded staff to include a full-time home management aide to augment counseling and outreach services.
- Reorganized staff to reflect the division of program responsibilities into administration, community education and treatment.
- Regularized meetings with the tribal judges.
- Participated in landmark child custody case as the investigative agent of the tribal court.
- Recognized as placement center by community, tribal court, and Port Angeles DSHS office.
- Assisted in gaining foster home licensing authority on the reservation.
- Identified by Port Angeles juvenile authorities as representatives on the reservation to work with first offenders and their families.
- Granted training responsibility for the houseparents at the Youth Resources Center, a juvenile detention facility.
- Assumed responsibility for planning and delivering the parent education classes.
- Moved from the Tribal Center to the Teen Center.
- Coordinated the distribution of surplus furniture to needy families.

IV. ORGANIZATIONAL STRUCTURE/STAFFING

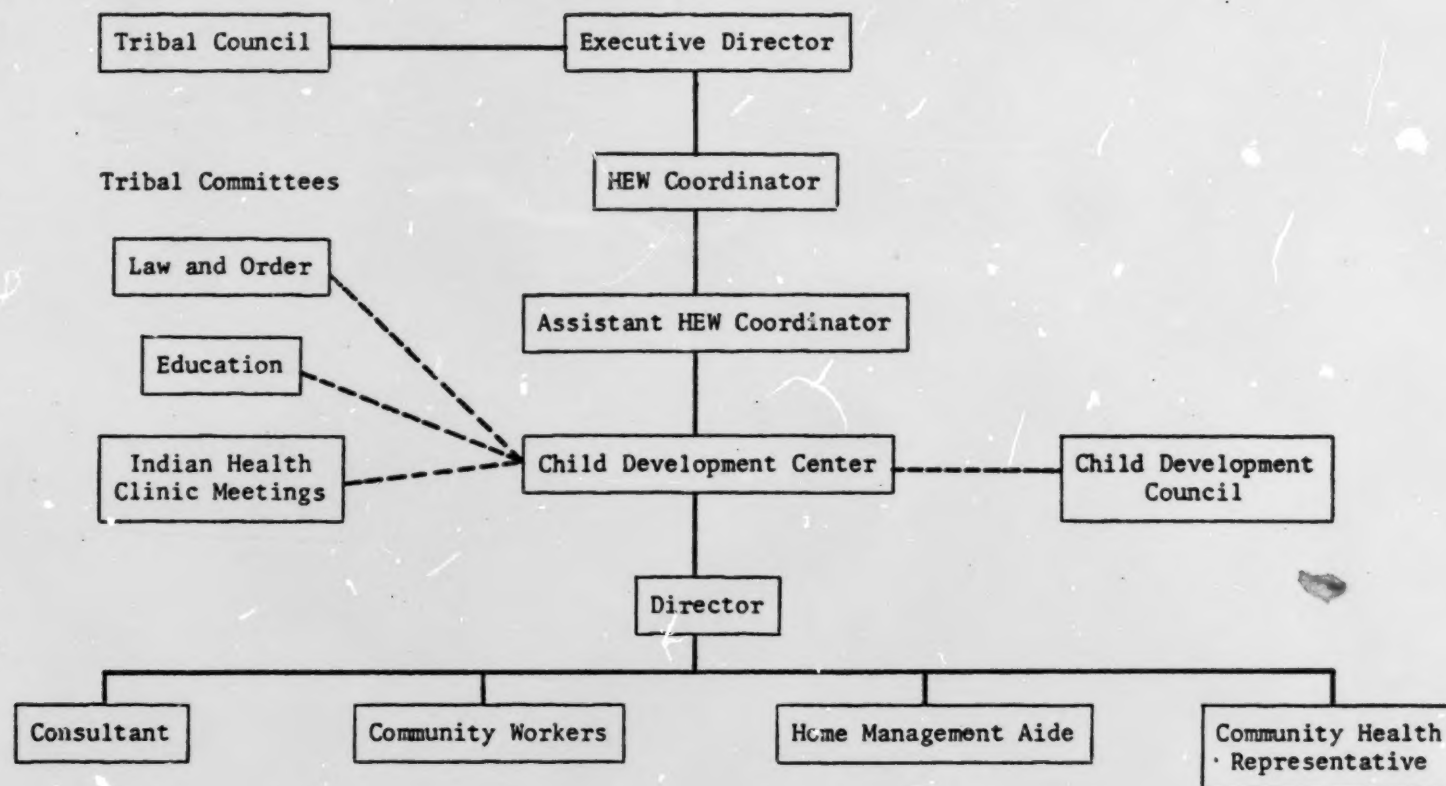
The Makah Indian tribe is governed by the five-person Tribal Council. (serving three-year terms, with two members elected each year), headed by the Tribal Chairperson. Responsible to the Tribal Council and the tribe are eight committees that oversee most activities on the reservation. These

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include the Economic Development Committee; the Fleet Skippers Committee (the reservation owns and operates its own fleet of fishing boats); the Timber Committee (the tribe owns most of the reservation land and, as a major source of income, sells timber to commercial lumber concerns); the Health Board (through the Indian Health Services the reservation operates a health center); the Housing Committee; the Education Committee; the Law and Order Committee (the tribe has its own law enforcement agents on the reservation); and the Constitution Committee. The committees and the Tribal Council have responsibility for hiring and firing tribal employees and for setting policy. The day-to-day management of the tribe is the responsibility of the Executive Director and his staff. Federally-funded projects come under the auspices of this Executive Director (given that the Tribal Council itself has approved the project).

The HEW Coordinator oversees Neah Bay's health, social service and educational programs, including the Child Development Center. The Coordinator's assistant manages some of the programs, including the Center. Therefore, the Child Development Center staff are organizationally employees of the tribe, responsible to the HEW Coordinator and her assistant, who in turn are responsible to the Executive Director (see Figure 1). The Child Development Center staff has all the rights, privileges, and restrictions of all other tribal staff.

FIGURE 1: Organizational Structure



KEY:

- Administrative linkage
- Advisory, informal linkage

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Although during most of the demonstration period the Child Development Center was housed in the Tribal Center, the five-member staff, all of whom are Makah Indians, relocated to the Teen Center in the fall of 1976. The director, while managing some cases, is primarily responsible for program direction through administrative and coordinative efforts within the social service network. One of the community workers is responsible for planning and providing a community education program, while the other has the functional role of administrative secretary to the director. Both maintain some casework responsibility as well. The home management aide is the principal service deliverer, providing counseling and homemaking services to the Center's caseload. In addition, an HEW Community Health Representative shares office space and community identification with the Center staff. She manages those cases referred through the Indian Health Clinic and functions as the community outreach worker for the WIC program. For two years of the grant, the CDC has contracted with a psychiatrist from the University of Washington's community psychiatry faculty to train staff and other professionals, review case progress, provide therapy to parents and children, and direct a parent education group.

As part of their work, the Child Development Center staff participate in the Law and Order Committee, the Education Committee, and the Indian Health Clinic meetings, since it is these committees that govern the activities of those professionals who have contact with child abuse and neglect cases. In addition, the CDC employees are staff members to the Center's advisory board, the Child Development Council, which is composed of representatives from all the reservation-based and reservation-related agencies that could be handling child abuse and neglect cases. The Council provides

direction for the project by serving as a forum for the discussion and planning of the Center's activities.

During the three year demonstration period, personnel changes included the promotion of the original community worker to replace the project director; the promotion of the CETA trainee to a community worker position; and the addition of a home management aide.

V. PROGRAM COMPONENTS

The Child Development Center program includes the following components: coordination, legislation and jurisdiction, case management, community education, professional education, youth and family activities, and staff training.

Coordination

A major element of the project is the development of a coordinated system of case identification and service delivery. Prior to establishment of the project there was no system for handling neglect cases nor was there any formal coordination between the many different agencies that might be involved in a case. The 29-member Child Development Council, composed of representatives from all social service-related agencies on the reservation, met frequently during the formative stages of the project for sharing information about what services are available to reservation residents, how to improve those services, and how to better coordinate them. Through the activities of the Council and efforts of the staff, an interim abuse and neglect policy was formulated for Neah Bay. In addition to the activities of the Council, the staff members meet regularly with several Tribal Committees

and the Indian Health Clinic. At these meetings they are able to learn about and discuss other groups' plans and to share information on their own plans and activities, as well as coordinate the case management and service delivery to common clients. As a result of these coordination activities, the Center serves as the central agency to which abuse and neglect cases are reported and through which cases are monitored.

For a time the Center published a monthly newsletter on social service programs and development to encourage participation and facilitate coordination. The Center's staff developed a social service directory covering available services in Port Angeles and Neah Bay. The staff is also active in improving the quantity and quality of services that affect social well-being at Neah Bay, since these indirectly affect the well-being of children. For example, staff members helped obtain a DSHS local office at Neah Bay to provide more responsive financial assistance and homemaker services. In another area, they have coordinated and supervised the distribution of free food, clothing and surplus furniture to needy families.

Legislation and Jurisdiction

The residents of the reservation are governed in certain matters, including the area of child abuse reporting and dependency, by Washington State law; however, a formal tribal policy relating to child abuse and neglect and other dependency cases was passed by the Tribal Council in September 1976. Formally, all reports of abuse and neglect are to be made to the Division of Protective Services in the Department of Social and Health Services (DSHS) in Port Angeles. Informally, however, professionals working on the reservation currently refer all suspected cases to the Child Development Center, which maintains contact with DSHS when necessary. For the last year of the

project, total responsibility for these cases was tacitly relinquished to CDC, since the new DSHS worker concentrated his efforts on other communities' problems. While remaining available to the Center on an as-needed basis, the social worker's weekly visits to the reservation were discontinued.

The Center welcomed the development of a reservation-wide policy on abuse and neglect, which specified not only reporting requirements, but also definitions of abuse and neglect appropriate to the reservation population, and delineated mechanisms for handling abuse cases. A key element in the tribal policy is to make sure the tribe will have the authority to decide on the disposition of foster care and adoption cases. Temporary authority to license foster homes on the reservation was granted to the DSHS homemaker, with the tribal judges making the placement determinations and CDC providing investigative services and counseling when appropriate. The first permanent adoptive placement by an Indian tribe's court system was recently completed in Neah Bay, throughout which the Child Development Center functioned as the investigative agency.

Case Management and Service Delivery

As initially conceived, the Child Development Center was not going to take primary responsibility for the management of child abuse and neglect cases, although it was intended to monitor the progress of families identified as needing help. Referral and coordination with other service providers, as well as providing an Indian liaison with the families, were the main casework roles the CDC fulfilled during the initial stages of the project. However, as the staff's expertise and confidence in their counseling skills

increased, and other agencies recognized this growth in competency, the Child Development Center has assumed traditional caseload management functions. In addition to providing counseling services (including individual, marital and family), they conduct preliminary investigations for the school, health clinic, and court system, make referrals to appropriate providers in the community, and help arrange for supportive services for families such as day care and transportation. The staff performs a variety of advocacy tasks for troubled parents as well as non-troubled parents. Frequently, the staff members are asked to intervene with another agency to make sure that food stamps or welfare checks are received, or to deal with an interfamily conflict. Individual and family therapy is provided through the Center by the consulting psychiatrist.

Community Education

The Center seeks to educate the general community about issues relating to child abuse and neglect, particularly effective parenting. This effort has included two large seminars for parents and professionals on child development and management, child welfare legislation, and foster care and adoption. During the last year of the project, parent education classes were offered which presented information on topics of concern identified by the parents.

Professional Education

The Center attempts, through a variety of activities, to educate the community's professionals about child abuse and neglect. Staff members make presentations to teachers and other professionals, as well as holding workshops for them on the nature of a coordinated, comprehensive child neglect program, child development, and child abuse and neglect legislation.

Youth and Family Services

There have been few organized activities on the reservation for young people and parents. In addition, there are no family activities. The Center works with other members of the community on developing a set of youth and family activities (primarily recreational) that will help alleviate some of the boredom felt by young adults and parents, while enhancing family linkages. The staff works closely with high school students in developing recreational activities, such as movies, dances and cultural events.

Staff Training

The project provides its staff members with a variety of training experiences. Staff attends workshops -- on child abuse and on social services -- held at various locations on the west coast. In addition, the staff members are enrolled in correspondence courses at a community college in order to earn their college degrees and supplement their present skills and knowledge. During his monthly visits, the project consultant meets with staff to discuss cases and to help further their abilities as social workers. The Center has financially supported the academic training of three social worker trainees who have worked for other agencies like Day Care and Head Start.

VI. IMPLEMENTATION/OPERATION PROBLEMS

Open Communication and Attitude of Helpfulness

When the project was first started, the staff perceived that one of the primary concerns of Neah Bay parents was that the project would take their children away if they were not "good" parents. Also, project staff members recognized that in a community as small as Neah Bay, one person's disgruntle-

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ment could thwart their effectiveness, and they made a concerted effort to create a climate of openness and helpfulness. Staff members attempted to keep everyone who was interested informed of their activities by circulating minutes of the meetings, progress reports, and project documents, and by attending meetings of other organizations. Staff members made a point of keeping their office doors open and encouraging people to drop in whenever they were in the vicinity. This style of openness and helpfulness may have been responsible for keeping resentment and animosities to a minimum.

Mutual Trust with DSHS

The confidence that the DSHS Protective Services supervisor and social worker had at the outset in the Center's staff made it possible for both state and Makah interests to be better served. If the state had attempted to intervene in Makah family problems without the Center's participation, it is likely it would have encountered suspicion and resistance. Consequently, DSHS would not have been as able to respond to crises. The Center's staff members have been able to quickly assess the situation, in a non-threatening manner, and to determine the nature of the family's need. In time, as a new DSHS caseworker was assigned, reliance on the Center's judgment freed the Port Angeles worker to concentrate on other communities' problems.

Parental Involvement

While frequent participation by individuals with minimal, if any, problems of neglecting their children's welfare gave the Center a non-stigmatizing image, the Center originally had difficulty in gaining the involvement of those parents most in need of assistance. The Center tried to gain the

participation of some parents by getting their friends involved and by asking them to take some responsibility for a project activity, like managing the clothing bank or developing a workshop presentation.

The staff has speculated that the barriers to participation may be the lack of babysitting services, the lack of interest in programs that are offered, the lack of awareness of their availability, and some psychological constraints. A brief experiment making babysitting available in the evening at the Head Start Center when recreational events for mothers were going on did not increase participation. Attempts were launched to increase the variety of therapeutic programs offered by the Center and in the community, and to increase awareness of the availability of services. The staff members expanded the network of people involved with the Center in order to make it possible to involve those parents who were currently uninterested in the Center's programs, but who were most in need of gaining parenting skills and working on their personal problems.

Community Involvement

The Center's staff, with the assistance of the Council, actively involved as many community members as possible in the planning and running of workshops, conferences, and recreational events. Although, as mentioned previously, the Center's staff has tried to work in an open and helpful manner, the Center's acceptance in the community has been partially a result of the staff's ability to get others interested in the Center's projects. At one time or another the Center has had the following groups working on projects: Tribal Council, teenagers, parents, clergy, teachers, as well as all the organizations represented by Child Development Council members.

More Effective Use of Social Service Resources

Although a number of people, many of whom are Makahs or Native Americans, are paid to provide different kinds of social work services, there has been a need for further developing capabilities of those providing service in order to provide a more intensive and wider range of services to parents who are having serious problems raising their children, and to individuals with personal problems. The following individuals currently provide some degree of counseling and social work services to different groups on the reservation: BIA social worker, community health representatives, public school counselor, DSHS case worker, Child Development Center director and community workers, alcoholism and drug abuse counselors, the community worker for the Law and Order Committee, the reservation probation and parole officer, the Indian Health Clinic's mental health worker and consulting psychologist, and the Center's consulting psychiatrist.

Perhaps because the Child Development Council contains many of these individuals, or representatives from their organizations, and because the Makah style does not readily lend itself to critical or goal-oriented analysis, the Council was unable to address the issues of how to best use the array of potential counselors and social workers. It took some time for the Center to systematically look at what changes needed to be brought about to improve the social service system at Neah Bay, although early on there emerged a consensus on a few major needs, like improved recreational opportunities, increased number of foster care homes, and the desirability of a DSHS office at Neah Bay.

Staffing Transition

With the resignation of the original project director after the first year of operation, the subsequent promotion of the community worker to the directorship, and the promotions of the CETA trainees to community worker positions, a period of transferring confidence and negotiating responsibilities both within and outside of the agency followed.

Confidentiality

While client rights to privacy and confidentiality are always an issue in a service providing agency, the Child Development Center was multiply handicapped with the conditions in Neah Bay. The extremely small size and interrelatedness of the community, the hostility and suspicion toward record keeping on the part of the populace and the professionals, the "fishbowl" effect of having offices in the Tribal Center -- all contributed to the decision not to keep client records, other than worker's case notes. This decision has had obvious implications for the evaluation of the impact of CDC services on clients.

VII. FUTURE PLANS

The future of the Child Development Center remained insecure right up to the expiration date of the demonstration grant; at which time a three-month extension of the federal funds was awarded. During the first half of 1977 several funding alternatives were being considered, although most observers and participants expressed pessimism that any stable funding would materialize in time to provide program continuity or, in fact, to allow the program design to remain intact. Alternatives being pursued included: merging the Center and the Substance Abuse Center into an

umbrella family services agency; expanding the DSHS satellite office to include counseling positions; increasing the Community Health Representative (CHR) positions sponsored by the Indian Health Service; and seeking federal and/or state grant funding as an autonomous program or in conjunction with the Head Start program.

The last of these alternatives was, in fact, realized, such that in October, state funding will cover a multifaceted Children and Family Services Program which houses the Child Development Center (staffed by the current director and two caseworkers) and a child care center with a separate director overseeing day care, infant care and Head Start. Interim funding was provided by the Tribal Council and Head Start to bridge the gap between the termination of the demonstration grant and the commencement of the state funding. This interim period was devoted to planning and coordination in order that the division of authority and service responsibility be clarified within the new program structure and for the community.

In addition, the Child Development Center staff maintained a caseload of 25 clients throughout the transition, providing direct services (e.g., individual, couples and family counseling) and coordinative services with other providers in the community. The anticipated role the CDC will be performing corresponds closely to that which evolved through the demonstration period. By utilizing several of the staff, trained under the grant, to deliver direct services and provide service coordination in the community, the identity and momentum of the agency will be unimpaired.

During the community system's interviews conducted in January 1977, it was evident that the Child Development Center was a valued resource and that the prospect of its termination was of serious concern to every agency in

the community. The situation at that time was perceived as one in which the CDC had developed into a central and vital service provider such that none of the community agencies (the Indian Health and Mental Health Clinics, the Community Health Representatives, Head Start, the schools the court system) could imagine how they would restructure their programs to accommodate the increased demand for case management and preventive education which CDC had been providing. On all fronts, this increase was perceived, not as new or developing problems, but rather as testimony to the acceptance of and confidence in the services being made available. The need had always been there; after a long struggle to gain recognition by the existing agencies and the community at large, the CDC was seen as a viable resource for counseling services, child development classes, court investigations, and central coordinative services that were truly responsive to the community's needs. The project staff, the HEW director and the Tribal Council are justifiably ebullient with the appearance of what promises to be stable, long-term funding of a needed and successful service program. The continuation funding marks an important gain in the tribe's efforts to create a program "by and for Makahs" and corroborates their expectation that such a program would succeed where outside interventions had not.

VIII. PROGRAM GOALS

The two overriding goals of the Makah Child Development Center project were ambitious ones, since they pointed to permanent change in a social service delivery system which had grown incrementally over the years without having at its core a central integrating agency. In three years, however,

the Child Development Center has made remarkable progress in accomplishing the goals of (1) changing the existing delivery of services for child abuse and neglect from a haphazard to an orderly, coordinated and effective system, and (2) implementing and testing a comprehensive and positive child development program that is designed and developed by and for Makah parents and administered by the Tribal community. Key to appreciating the complexity of these goals is the clause "by and for Makahs." Although importation of individuals who already had the planning, administering and counseling skills may have enabled the implementation of a more aggressive demonstration project, such a program would ultimately suffer the impermanence of previous externally designed programs which have contributed to an oft-heard phrase in Neah Bay: "they come and they go."

The fact that on a shoestring budget the five-member staff of the Child Development Center have developed skills within themselves, which will remain a permanent resource for the Tribal community, is an impressive accomplishment, as is their progress toward each of the nine specific objectives which they identified as measurable steps toward the realization of their goals. These objectives fall under three generic headings (coordination, education and service delivery), and for the purposes of this discussion, the nine presented in the third year grant application will be grouped thusly. This articulation of the project's objectives will be used since, in addition to refining the language of the previous applications, several supplemental aims were presented.

Coordination Goals

Goal 1: Develop more communication among community leaders, between parents, school staff, and among community workers in order to achieve a concensus on the priorities for meeting the social service needs.

During the first two years of the project, the major tool for increasing communication among the sectors of the community listed was the monthly meeting of the Makah Child Development Council. While formal Council meetings were discontinued in November 1976, the Council members initiate smaller, spontaneous meetings when appropriate. In addition to two outside agencies, the Department of Social and Health Services (DSHS) and the Bureau of Indian Affairs (BIA), the following agencies are represented on the Council: the Health, Education and Welfare office, Head Start, Day Care, the Makah Indian Center for Alternatives to Substance Abuse, the Public School, Law and Order, the Community Health Representatives, the Parent-Teacher Association, and the Indian Health Clinic. While the Council now numbers 29 members, average attendance is about 15, including occasional parents who attend. More recently, the project staff has initiated weekly meetings with various disciplines from the school, the Law and Order Committee and the Indian Health Clinic which serve to coordinate referrals and expand perspectives on treatment planning. The CDC staff has regularly attended meetings of various tribal committees, including Law and Order, Education and the Tribal Council. While the general intent of these meetings is to improve the quality and quantity of social services provided on the reservation, the specific plans formulated for new services indicate the council's priorities: the child development seminars, development of a group home at Neah Bay, teen activities, and parent education classes.

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Goal 2: Emphasize the need for long-range social service plans by encouraging discussion with community workers and residents in the area on the subject of community development.

Throughout the Child Development Center's involvement with other agencies and individuals in the community, the concern for long-range planning has surfaced whenever the immediate pressures of delivering services have eased. Many of the inter-tribal workshops and seminars held by the Indian Nation have directed their attention to these concerns, which are subsequently shared with those in the community who did not attend. Several of the long-range needs perceived at the inception of the grant justified individual goals and are now coming into being through the efforts of the project. For others, such as the development of the teen center and the senior citizen center, the CDC has been supportive and instrumental in their achievement. The Makah Child Development Council remains the prime forum for long range collective planning, albeit such planning occurs independently within each of the represented agencies.

Goal 3: The Child Development Center will obtain recognition by community leaders, workers, and the public as one of the vehicles for discussing, planning and educating in the areas of nutrition, child development and family planning, as well as a center for information and referral to appropriate community agencies.

As time has passed, the requests for CDC staff presentations have increased until at this point every agency in the community has been exposed to the Child Development Center, including the Air Base. The staff continues to present two or three formal talks a month, primarily at the school. The

resultant increase in referrals from all sources in the community is indicative of the perception by community leaders and the public at large of the Child Development Center's credibility as a varied and responsive resource. From practically zero referrals during the early months of the project's existence, the Center responds to five or six referrals a week, some of which they appropriately redirect, but increasingly more of which enter their own caseload. Additionally, these referrals come from every agency in the community system, including the Indian Mental Health Clinic, which refers child rearing and welfare concerns to the project. The Center enjoys as well the strong support of the Tribal Council which is manifested in its sponsorship of lunches, meetings and occasional travel for staff development workshops.

Education Goal

Goal 4: To encourage and foster the training of Makahs as social workers and counselors, in such areas as counseling in child development, marital relations, adolescents, parenting and substance abuse.

Approximately 25% of the project's annual budget was devoted to training the staff as social workers and counselors. This proportion includes the consultant's time for child development training, parent discussion groups, counselor therapy training, and case management training, as well as the project's travel budget to related conferences and workshops and specific training classes for social worker trainees, day care, Head Start and home management aide. There are currently 20 Makah Indians who are functioning as social workers on the staffs of various social service agencies in Neah Bay. At present, the four project staff members and the Community Health Representative (CHR), who shares the CDC office with the project, are training under

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the consultant. The four staff members have in addition taken training in counseling techniques from the worker in the Indian Mental Health Clinic. A work-study program through a community college in Washington was designed for the CDC staff by the Training Coordinator for the Tribal Council.

Service Delivery Goals

Goal 5: Provide counseling for individuals in the Neah Bay community, in order to assist them in coping with problems relating to child behavior and fragmentation of families.

As of January 1977, the Child Development Center had a total active caseload of 20 clients, with an additional 25 clients considered stabilized and requiring only infrequent follow-up contacts. This marks a significant change in the project's focus, since for well over a year and a half the project did not so much consider itself a service provider as a service coordinator. With the continued training and staff development, however, the workers gained self-confidence and an awareness of the unmet need for counseling services. Concurrent with the counseling skills, the workers have developed case management techniques in order to accommodate the expanding need for documentation and case histories. While the length of the counseling sessions vary, the workers contact their active clients at least once a week by telephone or in person. The services are delivered in the office, the client's home, in the car or the restaurant; wherever the client and the worker feel most comfortable. The types of counseling available include marital, individual, child development, adolescent, and advocacy counseling.

Goal 6: Educate and encourage the education of parents and prospective parents on child development and parent effectiveness in order to improve their parenting ability.

Since June 1975, the project has sponsored one or two Parent Education classes each month. Attendance varies between five and 12 parents and professionals, with usually one or two students from the high school attending. Depending on the topic, which is advertised in advance on the local radio stations, the parent types vary from prospective to single parents, couples to grandparents. While it is difficult to assess the proportion of "in need" parents, the attendees are often the result of home visits to clients to pique their interest. A sample of the topics covered, which were selected by the parents themselves from a range of possible subject areas, include: stages of growth; father-son relationships; 11-14 year olds -- what happens during this age?; how or when do you spoil a child; the effects of stress, moving and family changes; how and when to discipline; alternatives to discipline; the single child and the changing social, cultural, life styles and values; how and when children develop perceptual thinking and learning abilities; stages of development of emotions and morality.

In addition, preventive classes are presented by the project staff in the high school in various class subjects, with typical attendance of 15. The staff also designed and published an information booklet for new mothers, which includes child development information, as well as identifying potential stressful situations in child rearing with alternative responses and their likely consequences.

Goal 7: Encourage the development of programs to provide recreational activities such as ceramic studios, exercise classes, participation in school programs, professional education for individuals of the Neah Bay community.

While this goal fundamentally addresses the needs of all Neah Bay residents for recreational activities, in actuality the focus to date has been on the development of a youth program. In addition to identifying available funding for recreational programs, the project has sponsored dances and movies for the Makah youths with predictably good attendance. It is the hope of the staff that the combined effect of these activities, the class presentations, and the sympathetic counseling available through the project, will develop a positive relationship with the high school students, so that the educational efforts planned in the future will be well received and have the preventive effect anticipated. The new teen center, into which the CDC relocated, is expected to provide a conducive atmosphere for future activities for the tribe's adolescents. The one real gap which was never effectively addressed is the complete absence of recreational activities directed toward the adults in Neah Bay, for many of whom the only respite from work is community meetings or social drinking.

Goal 8: Assure that children who cannot remain in their natural home are placed in the most suitable environment.

While initially this goal was more forcefully stated in terms of preventing foster care placement off the reservation and returning Makah children to the reservation, the project staff has determined that in many instances placement in Port Angeles may be preferable for the child while the crisis is happening. In fact, the total number of placements off the reservation each year has diminished over time. This is a function of the children, who were placed two years ago, growing old enough to return to Neah Bay and establish their own households, since very few placements have occurred during the last year. The staff views this phenomenon as a positive indi-

cation that families are assuming more responsibility for their children, thereby reducing the need for intervention. Since the project has been operating, three foster homes in Neah Bay have been added for a total of five available homes. Depending upon the situation, however, children may be temporarily placed with relatives or placed in Port Angeles through the Department of Social and Health Services.

The CDC staff performed a significant role in a landmark case in the Indian Nation's efforts to gain legal jurisdiction over its peoples. The Makah Tribe's Law and Order Committee handled the first child custody case to be decided by an Indian tribe's court system. Due to the increased coordination between the court and CDC, the entire responsibility for investigating the four petitions was carried out by the Child Development Center. Throughout the process, observers lauded the professional efforts of the staff, their thoroughness and objectivity in collecting and presenting the information. It is important to keep in mind the relational connections which make the sensitivity of adoptive investigations multiply so in a community the size of Neah Bay.

Goal 9: In coordination with the homemaker in the Makah Department of Social and Health Services Statewide Office, the Makah Child Development Program will provide and identify services in the area of home management and family care.

This goal was added in the third year grant application in response to the perceived need for additional homemaker services to those supplied single-handedly by the DSHS homemaker. The new position was initially conceived as a half-time role, however, it was increased to a full-time position for the last six months of the grant in order to accommodate the rapidly growing

caseload and the functional reorganization of the CDC. In coordination with the DSHS homemaker, the project staff found this service to be uniquely appropriate as an outreach effort, since many other problems could be identified and referred to the CDC for treatment planning. The homemaking assistance was seen as an acceptable entre to many families whose needs would not be readily visible to the worker. However, since the DSHS homemaker was restricted to delivering services only to individuals who qualify for public assistance, the new staff position expanded the service (and consequently the project's outreach efforts) to a broader spectrum of the community.

IX. PROJECT MANAGEMENT AND WORKER SATISFACTION

Things are happening on the Makah Indian Reservation. Indirectly, much of it is due to the efforts of the Child Development Center. One of the exciting outcomes of this project has been the development of a cadre of trained Makah workers who now have management and organizational skills and who are prepared to assume leadership roles in their community.

Organizational Structure

Neah Bay is a very small project: five full-time staff and an average monthly budget of \$4643, reflecting the very small reservation the project serves. Over the life of the project an average monthly caseload of approximately eight clients has been maintained. In the last year, however, the caseload size has grown to an average monthly load of 45 clients, 20 active and 25 stabilized cases. With the growth in caseload size, an additional full-time worker has been employed to assist in service delivery. The project is highly complex in the sense that the program activities include parent education, community social service

coordination, legislative activity and direct services; yet, the organizational structure is not complex since only two different disciplines are involved in the operation of the project. The project operates in a fairly formalized setting, with job descriptions and rule manuals detailing policies and procedures. However, among the project staff, there is a high degree of informality, demonstrated through the sharing of various job and administrative duties and a fairly egalitarian attitude, despite the differences in status and role assignments. The project is highly centralized in that all decisions are made by the Tribal Council and the project is held accountable by them and is dependent upon them for all policies and procedures. But, again within the project, there is equal participation by all staff members in making decisions on program changes, service innovations and assignment of tasks.

Management

The project appears to be highly formalized and centralized with formal job descriptions, titles and job specialization, but, because at the operational level there exists a participatory style of management, periodically there is confusion regarding roles, status, duties and program direction. The chameleon-like organizational structure, the project's own evolving nature, and the relatively inexperienced staff combined to create some of the management difficulties reported by the project in the areas of leadership, communication and planfulness. As might be expected in this situation, there were initially conflicts among the staff about who would do what, where, when and how. Some staff felt imposed upon, others felt that their positions were being threatened. As the project staff became more confident and more clear about program objectives and personal

preferences, communication channels opened up between workers and many of the suppressed resentments and confusions were aired and resolved. Now a staff member with a personal problem or work-related stress interfering with her performance can share this difficulty with co-workers and is assured that she will receive support and permission as she resolves the conflict. Other workers will assist her with her job until the problem is alleviated. This atmosphere of caring and sharing has provided an environment in which daily tensions and disagreements are being resolved and many of the management concerns are confronted. A strong sharing bond has developed among the co-workers and has been a critical factor in the project's successful accomplishment of their program goals.

Turnover

The project staff membership has been stabilized since the beginning. There has been only one turnover when the first project director was promoted to a substantially higher position. The stabilized staff has provided the continuity to build the linkages and networks necessary for the successful community social service system that is now working with families and children.

Burnout and Satisfaction

One of the exciting paradoxes about the management of this project is that this fairly successful project is staffed by inexperienced workers who have not had the educational training that the workers in many of the other eleven projects have had. None of the workers had experience with abuse and neglect prior to the project. With the exception of the first project director, none of the workers has had formal administrative responsibilities. But, this team accomplished much in the short span of

three years. Outsiders and evaluators might be tempted to label the seeming non-compliance with filling out forms and other sensible requests as inefficiencies and ineffective project management. But, since the intent of management is to integrate the human characteristics of the workers and clients with the organizational structure into an effective and efficient working agency that accomplishes its goals in keeping with its cultural ways, this project management has been successful. The staff followed a plan of management that made the most sense in their environment and that was responsive to their needs. While maximizing training opportunities and skill development workshops offered by the evaluation, consultants and numerous other resources, they adapted what was learned to the special demands presented by their clients living in a reservation setting. Now the Makah Indian Tribe has five well-trained workers who are using their skills to cope with many of the long-standing problems that exist on the reservation.

How then, in view of the project's success and unanimous high job satisfaction score by project members, do we explain that there was some feeling of burnout in this project? An obvious clue is the staff's very pessimistic appraisal of the available opportunities for promotion and advancement. Evidence of this is the staff's constant surveillance of all job vacancies and the sense of competition that exists among them for any job opening that promises more opportunity. Not only is there little opportunity for promotion with the project or Tribal Council, but the chances for advancement with any social service agency in the community also appear dismal. The disheartening fact is that regardless of project staff skills and achievements of the last three years, they do not qualify for jobs in

their field because they do not have formal degrees. "What happens next when the project ends?" This seemingly bleak personal future must explain some of the burned out feelings that are reported by the workers.

X. ANALYSIS OF CLIENT DATA

Client Flow

While the original project design did not envision the Child Development Center as a major caseload carrying agency, it has evolved into a treatment center serving 45 cases at the time of the final site visit. By law, the formal case management responsibility rests with the Port Angeles DSHS, Division of Protective Services. However, the DSHS office informally delegated its responsibility for the Makah cases to the Child Development Center as the staff's competency became apparent. Most recently dependency issues, which had previously been the exclusive domain of DSHS, have been handled through the joint efforts of the CDC and the tribe's Law and Order Committee.

It is important, when discussing the client flow, to recognize that the project's cases span all aspects of child welfare concerns. While instances of abuse and neglect occur on the reservation, the project's image in the community reflects a less stigmatizing focus on child development problems. Case identification in such a small community is a relatively simple process, since most professionals, and indeed the community at large, are aware of individuals in need of services. The most frequent sources of referral are the Indian Health Clinic, the elementary and high schools, Head Start and Day Care Centers, and Law and Order. A steadily increasing number of residents contact the Center seeking assistance. While few cases are

initially reported to DSHS anymore, those few are verified with the Child Development Center, which makes a preliminary investigation of the situation.

Initial investigations and diagnoses are handled by all staff members. Should the case be one of abuse or require DSHS notification or involvement, such as foster care placement, the director reports the situation to DSHS. Frequently the Center's consultant or the team attending the Indian Health Clinic meetings assist in the assessment and treatment planning. Treatment services available from CDC include individual counseling and therapy, couples counseling, parent education, family counseling, and homemaking services. Services which the project can arrange or refer clients to include medical care, day care or Head Start, individual therapy, well-baby clinic, and the alcoholism treatment program. The project staff maintain case management responsibility for those clients determined as predominantly child welfare problems. Most cases move from being considered "active" by the workers to being "monitored" before termination. Monitoring is essentially going on continually with past, present and future clients, since the interaction among the social services network is such that few individuals with problems escape the notice and ultimately the intervention of the service providers.

XI. COMMUNITY IMPACTSummary

The Child Development Center has changed the framework and manner in which social services are provided to Neah Bay families. In contrast to the pre-grant period when social welfare services were provided by the state from a distant office and the few service providers on the reservation were uncoordinated and under-staffed, the community has developed its own informal social service system with the Child Development Center as the catalyst for many of the activities that improve families' ability to care for their children. In the development of new resources and the centralization of authority in child welfare concerns, the project has closely cooperated with existing education and service providers so that organizational affiliation has not hindered the delivery of services or the monitoring of family situations.

Until the last year of the project, there was no formal case management in Neah Bay, although the project staff served a similar function by closely monitoring families. However, during the final year of the grant, this situation changed dramatically. While not creating formalized social service intake forms and case progress documentation, the caseload of the Child Development Center climbed to 45, with 20 considered active by the staff and 25 in a "stabilized but monitoring" status. Treatment planning is carried out in the context of staffings, held jointly with the project's consulting psychiatrist, and in the multidisciplinary team reviews held at the Indian Health Clinic. During these meetings, the needs of particular families and the appropriate services and providers are discussed. The

major unfilled service needs continue to be the absence of recreational activities for the adults in the community and the lack of trained therapists located at Neah Bay on a full-time basis.

The community's awareness of the needs of parents and children appears to have increased during the time the project has been operating. Before May 1974 the Head Start program was probably the only activity alerting people to the needs of children. The project has increased this awareness by making the community conscious of the special needs of its parents and children and the need to educate prospective parents.

Change comes slowly to a community as steeped in tradition and as small as Neah Bay. Many of the changes are difficult for outsiders to observe. In addition to the lack of adequate jobs, the conflicts in values between the outside culture and the Makahs and the isolation of Neah Bay make it difficult to improve conditions quickly for those parents having difficulties fulfilling their own and their children's needs. Nonetheless, it would appear that Neah Bay has developed a system for helping those parents in need and protecting the welfare of its children. The Child Development Center has played a critical role in this change.

The project was the largest single agency, in terms of staff size, addressing the problems in the social service delivery system, and it quite naturally became the core of the system. A significant additional factor, which helped to focus the system, was the fact that the entire staff was Makah, and consequently had access to families in the community that non-Makah service providers could not reach. Many of the forward strides in developing a cohesive community system for dealing with child welfare

problems can be expected to continue, following the end of the grant period, since the Child Development Center will be subsumed under an umbrella agency, the Child and Family Center.

Community System Operations

Prior to the implementation of the project in May of 1974, the responsibility for dealing with child neglect or the rare case of child abuse in the small community of Neah Bay was not assumed by any agency. Those who came into contact with a family where a child's welfare was in jeopardy provided whatever minimal services were within their resources.

School teachers might refer the situation to the principal or the attendance counselor. If parents were refusing to send their children to school, the principal might refer the matter to the Tribal Judges. If the family was on welfare, the principal might call the Child Protective Services unit in the Washington State Department of Social and Health Services (DSHS) in Port Angeles.

The Head Start program, which served approximately 60 children, had been in operation for several years. Through the program, the teachers had a chance to observe most of Neah Bay's three and four year olds. Almost all the children were examined by a physician during their first month in the program. Where there was an emotional problem, the case was referred to the Mental Health Representative at the Indian Health Clinic or to the program's consulting psychiatrist who visited for one day each month. The Head Start staff felt they had no place to refer cases requiring more thorough investigation and ongoing help. On a few occasions when a family was on

welfare, the Head Start Director might call DSHS to provide assistance to the family or to protect a child.

The most common type of call to the Tribal Police was for abandonment of a child at home when there was no one to care for him/her. If the Tribal Police were called, they usually would remove the child temporarily until the parents returned home and would notify the Tribal Judges.

The Indian Health Clinic occasionally encountered cases of neglect, but the nurses and doctors, as non-Makahs, were reluctant to report the situation. In some instances they might advise the Mental Health Representative at the Clinic of the situation, or in the case of gross negligence they might notify the Tribal Police. Another resource, used on occasion, was the Community Health Representatives (CHR) who worked out of offices at the clinic and were responsible for various community activities. The nurse or doctor might ask the CHR to check on the family when she was making home visits in the community.

The tribe did not have any legal jurisdiction over dependency matters. Nonetheless, the two Tribal Judges, who are Makahs and employed by the Bureau of Indian Affairs (BIA), might ask the police to investigate or they might hold a hearing to see if the matter could be settled without involving the Juvenile Division of the Clallam County Superior Court (which legally has jurisdiction over dependency cases). Strong sentiment has developed against the practice of having non-Indians living off the reservation adopting Makah children. The Tribal Judges, feeling they had no resource to deal with the problems of persistent neglect, might ask the parents to voluntarily accept a decision on placement of their children or to receive counseling from the probation and parole officers.

DSHS, the agency charged under the state reporting law of 1971 to investigate cases of neglect or abuse, is located in Port Angeles.* In earlier years, DSHS sent a case worker to Neah Bay once a month. In 1974 a case worker was visiting Neah Bay for half a day each week. Once a report was made to Port Angeles it took up to five days before the case worker might be able to investigate. In emergencies DSHS could ask the Tribal Police to investigate and take some action such as removing the child. Because of the remoteness of Neah Bay, the treatment services that DSHS could offer to Neah Bay residents were few, consisting primarily of counseling by the Child Protective Services case worker. Foster care was often the only solution for a family situation that did not improve quickly.

In Neah Bay, prior to May 1974, there was no outreach to identify families that were having difficulty adequately caring for their children. Preventive activities were limited to the physical examinations of the Head Start children, the WIC (Women and Infant Children food program), and the monthly well-baby clinic run by the Indian Health Clinic. The high school offered no classes on child rearing or child development. None of the agencies followed up on cases once the original problem that had led to their involvement was resolved.

During the period from May 1974 to January 1977, the Child Development Center became the center of the community system for conducting investigations, assisting in the initial dispositions, and coordinating the delivery

* Note: Under the State Law, the law enforcement agency is designated as another responsible agency for receiving reports, but, since for Neah Bay it was not appropriate to involve the Port Angeles Police, which are the nearest law enforcement group, this part of the law was not operationalized.

of services including provision of counseling by the staff and individual therapy by the project's consulting psychiatrist. Because of the trust that the Child Protective Services supervisor and case worker had in the project staff, DSHS relied on the project to identify and investigate cases. The Port Angeles unit only took action on requests from the project, and closely coordinated with the project its contacts with Neah Bay welfare recipients who were having difficulty caring for their children. At the same time, the project gained the confidence of other service and education providers at Neah Bay (school, police, judges, Indian Health Clinic, Community Health Representatives, Head Start/day care) who felt able to report their concerns to the project and work out a way of jointly helping parents and children in need. The project's advisory board, the Child Development Council, composed of representatives of all the service and education agencies on the reservation and DSHS and BIA, facilitated the coordination of services. Much of the treatment planning and case monitoring took place in the Indian Health Clinic meetings which were attended by representatives of the school, the court, the health and mental health clinics, and all of the Child Development Center staff.

Most of the community agencies referred cases of neglect directly to the project. Except for the referrals between the project and Child Protective Services, the number of reports from community agencies to DSHS has decreased to practically zero. The Port Angeles Juvenile Court has developed open communication with the Tribal Court during the time since the project was initiated.

With increased availability of foster homes on the reservation, the tribal court, supported by the investigative services of the Child Development Center, has assumed responsibility for temporary placements. They

jointly conducted the first child custody investigation and decision to be made by an Indian tribe's court system.

The project did not develop any criteria for determining which families would receive service since it viewed itself as serving all Neah Bay families, whatever the need. Initially, the project did not consider its role to be that of case manager; rather, it functioned for two years more as a monitor of families that were known to be having problems. During the last year of the grant, however, as the staff skills increased and the magnitude of the child welfare problems became known, the project workers have assumed the full range of case management responsibilities from investigation, diagnosis and referral to treatment planning, service delivery, and coordination.

In addition to counseling by the staff, the project provided some parents with individual therapy sessions and couples counseling by its consulting psychiatrist once a month. Although the parents receiving these services were not always the ones most in need of service, the skills developed by these couples probably were transferred to other parents in the community and helped to create an atmosphere that made therapy more acceptable.

A new resource in the community was the satellite DSHS office at the Tribal Government Center which opened in the fall of 1975. Although no Child Protective Services staff were involved, the full-time homemaker has provided many of those receiving public assistance, including some 30 families with dependent children, with a much-needed service as well as providing outreach services for the Child Development Center. The project coordinated closely with the homemaker when families were in crisis and required someone to remain in the home and care for the children. The financial aid worker at

the satellite office also made it possible for more Makahs to receive prompt service.

In the fall of 1974 the Makah Indian Center for Alternatives to Substance Abuse (hereafter called the Alcoholism Treatment Center) started to provide drop-in service, counseling, and Alcoholics Anonymous groups to Neah Bay residents. Since alcoholism affects a large number of Makahs, the initiation of this program filled one of the biggest social service needs at Neah Bay.

The project has provided Neah Bay with its first outreach services. Working closely with the CHR for WIC, the staff have sought out families where help was required and provided the necessary services. In the last year outreach efforts were significantly augmented by the addition of a full-time homemaker aide to the project staff.

The project has made a contribution to the community in the area of prevention by helping organize dances and movies, fostering the development of recreational activities for parents, especially those who are socially isolated, sponsoring monthly parent education classes, putting on workshops on child growth and development, running an emergency clothing and food bank, and distributing surplus furniture to needy families.

Caseload Size and Case Outcomes

The available data does not portray the dimensions of child neglect in Neah Bay or the manner in which cases are handled or disposed. The reasons for this ambiguous situation are several-fold. Neglect at Neah Bay is generally of the mild variety. Frequently, it means leaving children unattended over night, failing to provide adequate meals, or not providing proper clothing for the children. Since this kind of neglect is usually a chronic

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phenomenon, many reports are repeats. Because Neah Bay is such a small community, the Child Development Center may have knowledge of a situation long before any report is made. In many cases there will be nothing that could be called a formal report, but rather, someone may casually mention to one of the staff that a family is having trouble.

The project responds to 5 or 6 informal referrals a week, some of which they appropriately redirect but others of which enter their own caseload, after initial investigation, for treatment planning and services. Referrals have come from most agencies, in similar proportions to the informal reports demonstrated in the following table.

Table 1
Reports to Child Development Center, 1975-1976

	1975	1976
Number reports: abuse	4	2
Number reports: neglect	11	3
Source of reports:		
Protective services	1	1
Indian Health Clinic	1	1
School, Head Start/day care	5	0
Juvenile judges	0	0
Sibling	1	0
Relative	6	3
Neighbor	1	0

The increased referrals and subsequent need for case management is seen by most as testimony to the acceptance of and confidence in the services being made available, rather than a reflection of new or developing problems in child welfare on the reservation.

The number of reports to the Port Angeles Child Protective Services unit from non-project sources declined from five in 1974 to zero in 1976, as demonstrated in the following table.

Table 2

Reports of Abuse/Neglect to Children Protective Services,
Department of Social and Health Statistics

	1973	1974	1975	1976
Child Development Center			5	2
Relative	2	2	1	
Acquaintance/neighbor		1		
Anonymous		1		
Unknown		1	1	
Total Reports	2	5	7	2

With regard to the disposition of cases, only one case was referred to the Juvenile Court in 1975 and one in 1976, and the project staff were closely involved in the decision to remove the children. In the first case the child was subsequently returned home; in the second the placement was permanent. During 1975, four children were placed in foster homes, three of which were on the reservation. In 1976, six children were placed in foster homes, all

of which were on the reservation. The project assisted in helping children that were in foster homes during the grant years to return to their families. In addition, the project arranged for four children to be placed temporarily in a foster home until the parents were ready to resume care of their children.

Legislation

Since Indians have special legal status in the United States, it is not always clear which of the various laws -- federal, state or tribal -- are applicable in different situations. For reporting child abuse or neglect, the Makahs are subject to the Washington State law which makes the reporting of non-accidentally inflicted death, physical injury, physical neglect or sexual abuse mandatory for certain professional persons, i.e., teachers, physicians, social workers, clergymen, DSHS employees, etc. However, the law is virtually meaningless for Neah Bay, since there are rarely any cases of child abuse or severe physical neglect. Because the community is not anxious to publicize its problems to outsiders, or to alienate members of the community by making reports, the law is ignored. So long as the reporting law does not affect them, the project and the community have not been concerned about changing it.

The project and other community professionals have wanted to change Washington State law so that the Makahs would have jurisdiction in dependency matters. Under Public Law 280 passed by Congress in 1952, the states have legal authority in certain areas if they reserve that right. Washington State passed legislation which gives the State jurisdiction over adoptions, foster care placements, and juvenile delinquency.

The project staff and other Makahs have worked with the Affiliated Tribes of the Northwest, and other Indian nations, to revise federal and state laws regarding dependency. The community also revised the Tribe's Law and Order Code, which governs legal matters on the reservation, to include dependency issues. It will be several years at least before the necessary legal changes can be made; in the meantime, since many of the professionals in the community, as well as the project's staff, would like to assert tribal authority as much as possible, the staff have been acting informally on a number of dependency cases with the tacit approval of Child Protective Services and the Juvenile Court. The landmark child custody case, occurring during the last year of the project, was a powerful declaration of the Indian nation's right to self-determination.

Community Resources

The Child Development Center increased the resources available in Neah Bay for identifying, investigating, and treating cases of child neglect, and for arranging supportive service providers. The project's staff, comprised of the director, two community workers and one homemaker aide, was the catalyst for many of the activities that took place in the community relating to families and children. In addition to counseling and homemaking services by the staff, the project offered, through its consultant, three hours of individual therapy per month, and one hour of parent education per month.

Elsewhere at Neah Bay, the following people are available to provide counseling and therapy: one community health representative, one public school counselor, one public school attendance counselor, three alcoholism and drug abuse counselors, two probation and parole officers, one Mental Health